

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

16786

Registrar's No.

AG50

JUN 4 1943 318  
Registration District No.

Primary Registration District No. 1003

## 1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4745 Milentz Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Katherine Zehnbauer3. (b) If veteran, name war no 3. (c) Social Security No. no4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife William Zehnbauer 6. (c) Age of husband or wife if alive 52 years7. Birth date of deceased March 29, 1892  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
51 1 16 hr. min.9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business

12. Name Jacob Paul13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Henrauth15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant William Zehnbauer(b) Address 4745 Milentz17. (a) Burial (b) Date thereof May 19, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St. Marcus Cemetery18. (a) Signature of funeral director Weick Bros.(b) Address 2201 S. Grand Bl.19. (a) MAY 19 1943 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4745 Milentz  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15  
year 1943 hour 5 minute 0 P. M.21. I hereby certify that I attended the deceased from 1/6  
1942 to 5-15 1943  
that I last saw her alive on 5/15 1943  
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of cervix  
uteri with generalized metastases about 1 1/2 yrs

Due to

Due to

Other conditions.  
(Include pregnancy within 3 months of death)Major findings:  
Of operations noneOf autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature Wm. H. K. K. K. (M. D. or other)Address 3804 W. 11th St. St. Louis, Mo. Date signed 5-18-43

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Waring A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**